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April 30, 2008

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

FORM D

MAR 2 1 ZUUB

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY Prefix Washington, DUNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Sale of Series B Preferred Stock (and the common stock issuable upon conversion thereof)						
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE		
Type of Filing: New Filing						
A.	BASIC IDENTIF	ICATION DATA				
Enter the information requested about the issuer.						
Name of Issuer ( check if this is an amendment and name has	changed, and indicate	change.)		THE REAL PROPERTY OF THE PROPE		
TargetSpot, Inc.		<u></u>		08043702		
Address of Executive Offices	(Number and Street,	, City, State, Zip Code)	Telephone Number	T (Including Area Code		
242 West 36th St, 3rd Floor, New York, NY 10018			(212) 631-0501			
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street,	, City, State, Zip Code)	Telephone Number	T (Including Area Code)		
Same as above			Same as above			
Brief Description of Business						
Online advertising technology						
Type of Business Organization				A LUCIOSFI		
☑ corporation ☐ limited partners	hip, already formed	other	(please specify):	7		
	hip, to be formed			MAR 2 6 2008		
Actual or Estimated Date of Incorporation or Organization:    Month   Year						
CN for Canada; FN for other foreign jurisdiction)  D E						

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

	A. BASIC IDENT	FICATION DATA		*			
2. Enter the information requested for the		agt five years		·			
<ul> <li>Each promoter of the issuer, if the issu</li> <li>Each beneficial owner having the power</li> </ul>			nome of a class of ea	miturescurities of the issues			
Each executive officer and director of							
Each general and managing partner of	· ·	Parram mm managang haranan	or paramonap isour	,			
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Perlson, Doug							
Business or Residence Address (Number and	d Street, City, State, Zip Code)						
11 Riverside Drive, 2MW, New York, NY	10023						
Check Box(es) that Apply:  Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Fred Wilson							
Business or Residence Address (Number and	d Street City State 7in Code)						
c/o Union Square Ventures, 915 Broadway							
			[] D:t	П С11/			
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Union Square Ventures 2004, L.P.				·			
Business or Residence Address (Number and	d Street, City, State, Zip Code)						
915 Broadway, Suite 1408, New York, NY	10010						
Check Box(es) that Apply:  Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)				<u></u>			
CPS Radio, Inc.							
Business or Residence Address (Number and	d Street, City, State, Zip Code)			<del></del>			
1515 Broadway, 46th Floor, New York, NY							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or			
Check Box(es) that Apply.   1 Tollioter	M Delicticial Owlid		M Director	Managing Partner			
Full Name (Last name first, if individual)							
Sideman, Adi							
Business or Residence Address (Number and	d Street, City, State, Zip Code)			**			
134 W. 37 Street, 7th Floor, New York, NY 10018							
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or			
				Managing Partner			
Full Name (Last name first, if individual)							
Guino, Anton							
Business or Residence Address (Number and	f Street, City, State, Zip Code)						
1515 Broadway, 46th Floor, New York, N	Y 10036						
Check Box(es) that Apply:  Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)		·-					
Marquez, Michael				-			
Business or Residence Address (Number and	Street, City, State, Zip Code)						
1515 Broadway, 46th Floor, New York, NY 10036							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Direct	or General and/or			
Managing Partner							
Full Name (Last name first, if individual)							
Bain Capital Venture Fund 2007, L.P.				•			
Business or Residence Address (Number and	Street, City, State, Zin Code)			······································			
c/o Bain Capital, LLC, 111 Huntington Avenue, Boston, MA 02199							

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A. BASIC ID	ENTIFICATION DATA		•			
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>						
Check Box(es) that Apply:  Promoter Beneficial Own	ner	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)						
Milestone Venture Partners, L.P.						
Business or Residence Address (Number and Street, City, State, Zip C	Code)					
551 Madison Avenue, 7th Floor, New York, NY 10128						
Check Box(es) that Apply:  Promoter Beneficial Own Managing Partner	ner Executive Officer	☑ Director	r General and/or			
Full Name (Last name first, if individual)						
Glass, Jeffrey						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bain Capital, LLC, 111 Huntington Avenue, Boston, MA 02199						
Check Box(es) that Apply:  Promoter Beneficial Own		Director	General and/or Managing Partner			
Full Name (Last name first, if individual)  Eisele, Andrew						
Business or Residence Address (Number and Street, City, State, Zip Code)						

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				. ,	В. П	NFORMA'	TION ABO	UT OFFE	RING ·					
_									Yes	No				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								••••••		☒			
2.	What is	the minim	um investm	ent that wil	l be accept	ed from any	/ individual	?				\$	n/a	
•	<b>5</b>				<b>f</b> !1-	:40						Yes	No	
3.			ermit joint	-	-							$\boxtimes$		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the														
	offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated													
F. 11			roker or de		ay set forth	the inform	ation for th	at broker or	dealer only	y	•			
			irst, if indiv					<u> </u>						
Bus	iness or l	Residence A	Address (N	ımber and S	Street, City	, State, Zip	Code)							
Nan	ne of Ass	sociated Bro	oker or Dea	le <del>r</del>	_			·					· · · · · ·	
Stat	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers							
(	Check "A	All States" o	or check ind	lividuals St	ates)		••••••	*****************	•••••••		•••••••	All States		
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (I	Last name f	irst, if indiv	ridual)										
Bus	iness or l	Residence A	Address (Ni	umber and S	Street, City	, State, Zip	Code)							
Nan	ne of Ass	sociated Bro	oker or Dea	ler				-	•			-		
Stat	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers				•			
(	Check "A	All States" o	or check ind	lividuals St	ates)		•••••	•••••	••••••			🗖 A	Il States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НП]	[ID]	
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individuals States)								ll States						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS		• `
ì.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	An	ount Already Sold
	Debt	\$0.00	<b>s</b> _	0.00
	Equity	\$8,600,000.00	\$_	8,600,00.00
	☐ Common ☐ Preferred	•		
	Convertible Securities (including warrants)	\$	\$_	0.00
	Partnership Interests	\$ 0.00	\$_	0.00
	Other (Specify)	\$ 0.00	S	0.00
	Total	\$ 8,600,000.00	s	8,600,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Do	Aggregate ollar Amount of Purchase
	Accredited Investors	9	\$ _	8,600,000.00
	Non-accredited Investors	0	<b>s</b> -	0.00
	Total (for filings under Rule 504 only)	0	\$ _	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	f	D.	.U A
	Type of Offering	Type of Security	DC	ollar Amount Sold
	Rule 505	n/a	\$	0.00
	Regulation A	n/a	\$	0.00
	Rule 504	n/a	\$_	0.00
	Total		\$_	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	,	_	<del></del>
	Transfer Agent's Fees		<b>s</b> _	
	Printing and Engraving Costs		\$	
	Legal Fees	⊠	\$	50,000.00
	Accounting Fees.		\$_	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$_	
	Other Expenses (identify)		<b>s</b> _	
	Total	<b>⊠</b>	•	50 000 00

Column Totals .....

Total Payments Listed (column totals added).....

□ \$

□ \$

0.00 🔲 \$

**⊠** \$

0.00 🛛 \$ 8,550,000.00

8,550,000.00

0.00

Other (specify):

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
TargetSpot, Inc.	1/4/	March 18, 2008
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Doug Perison	President and Chief Executive Officer	



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

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